

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <i>101647420</i>	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	O.C.P.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1	1	1	1	1	1	61					
2							62					
3							63					
4							64					
5							66					
6							66					
7							57					
8	1	1	1	1	1	1	58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20	1	1	1	1	1	1	70					
21							71					
22							72					
23							73					
24							74					
25	1	1	1	1	1	1	76					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32	1	1	1	1	1	1	82					
33							83					
34							84					
35							86					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44	1	1	1	1	1	1	94					
45	1	1	1	1	1	1	95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	6		6				TOTAL IND.					
TOTAL DEP.	44	←	44	←	44	←	TOTAL DEP.					
TOTAL CLAIMS	50		50				TOTAL CLAIMS					

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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